

Case 2:05-cv-00587-MEE-SRW Document 8 Filed 11/28/2005 Page 1 of 48  
DUNCAN J. MCKEEHILL  
2030 W. SPOFFORD  
SPOKANE, WA 99205  
INDIGENT, DISABED UNWILLINGLY  
INCARCERATED CIVIL DEFENDANT

MO# FJA-74

DATE: 11/15/05

FJ- FJ-16-A

2005 NOV 28 A 10:24

U. S. DISTRICT COURT

MOBILE DISTRICT OF ALABAMA

DUNCAN J. MCKEEHILL, III  
PLAINTIFF/APPELLANT

v.

UNITED STATES, ET AL.  
DEFENDANTS/APPELLEES

2005-CV-587-R  
CASE NO:

NOTICE OF APPEAL

APPLICATION TO PROCEED  
IFP ON APPEAL;  
DESIGNATION OF RECORD;  
MOTION FOR APPOINTMENT  
OF COUNSEL ON APPEAL

PLAINTIFF AND APPELLANT HEREBY  
APPEALS TO THE CIRCUIT COURT OF APPEALS,  
ALL OF THE ORDERS OF THE DISTRICT COURT  
IN THIS MATTER, INCLUDING THOSE DATED  
6/23/05 AND 7/27/05

BY THE ATTACHED APPLICATION, APPELLANT  
SEEKS LEAVE TO APPEAL IFP, w/o  
PAYMENT OF COSTS AND FEES. APPELLANT  
DESIGNATES AS THE RECORD IN THIS APPEAL  
ALL OF THE DOCUMENTS AND RECORDS OF THE  
DISTRICT COURT IN THIS MATTER.

APPELLANT SEEKS APPOINTMENT OF COUNSEL  
IN THIS APPEAL, PURSUANT TO THE ATTACHED  
APPLICATION 28 U.S.C. § 1915(c)(1) AND  
JOHNSON v. U.S., 352 U.S. 565 (1957).

I CERTIFY THAT THIS APPEAL WAS FILED/  
MAILED BY PLACING IT INTO THE OUTGOING  
INDIGENT MAIL AT SGT SW-26 ON 11/15/05.

DATED: 11/15/05

PG 1 OF 22

D. J. M.  
APPELLANT

DUNCAN J. III MVR, III  
SPOKANE, WA 99205

SERVICE  
ADDRESS

11/28/2005

Page 2 of 18

INDIGENT DISABLED  
UNLAWFULLY INCARCERATED  
PRISONER EX PARTE PETITION

DATE:  
TIME:

2005 NOV 28 ASID: 24 DISTRICT COURT

MONROE DISTRICT OF ALABAMA

DUNCAN J. MVR, III

PLAINTIFF

V.

UNITED STATES AND IT'S  
OFFICERS & AGENCIES, ET

AL

DEFENDANTS

CASE NO: 2005-CV-587

URGENT EX PARTE  
IN SUPPORT OF  
MOTION: NOTICE OF APPEAL

- ① TO PROCEED IFP  
W/O PAYMENT OF FEES;
- ② FOR ELECTRONIC FILING  
ACCESS TO COURT AND FOR  
A WAIVER OF PACER FEES  
AND ELECTRONIC FILING  
FEES; ON APPEAL;
- ③ FOR APPOINTMENT  
OF COUNSEL ON APPEAL;
- ④ FOR COPIES, RECORD AND FOR  
SERVICE OF THE  
PETITIONS AND COMPLAINT  
BY THE CLERK & U.S.  
MARSHAL PER FRCP 4(c)(2)

I, DUNCAN J. MVR, III, BEING SWORN  
UPON OATH HERE BY DECLARE UNDER THE  
PENALTY OF PERJURY THE FOLLOWING:

1. THAT I AM A "QUALIFIED INDIVIDUAL" WITH  
AN ESTABLISHED SSA DISABILITY, WHO IS ENTITLED  
TO REASONABLE ACCOMMODATIONS FROM THE  
DEFENDANTS AND THIS COURT.

2. THAT I AM PRESENTLY UNLAWFULLY

1 UNITED STATES, THE  
2 INCARCERATED BY THE STATE OF WASHINGTON,  
3 COUNTY OF SPOKANE AND THE CITY OF SPOKANE,  
4 IN VIOLATION OF MY CONSTITUTIONAL AND  
CIVIL RIGHTS.

5 3. THAT I AM AN "OFFICER OF THE  
6 UNITED STATES" AS DEFINED BY 42 U.S.C. §  
7 1985(1) APPOINTED PURSUANT TO 11 U.S.C. §  
8 1123(b)(3)(B) AS THE DISBURSING AGENT AND  
9 LIQUIDATING TRUSTEE AND GENERAL MANAGER  
10 FOR REORGANIZED DEBTOR BROADWAY  
11 BUILDINGS II, L.P., ~~RE~~ PURSUANT TO ORDER  
12 OF THE U.S. BANKRUPTCY COURT, CENTRAL  
13 DISTRICT OF CALIFORNIA.

14 4. THAT AS A DISABLED PERSON,  
15 I HAVE BEEN THE CONTINUOUS AND  
16 ON GOING VICTIM OF INTENTIONAL  
17 DISCRIMINATION AND RETALIATION, BY  
18 THE U.S., THE STATE OF WASHINGTON,  
19 THE COUNTY OF SPOKANE, AND THE CITY  
20 OF SPOKANE, IN A KNOWING AND  
21 INTENTIONAL VIOLATION OF MY CIVIC  
22 AND CONSTITUTIONAL RIGHTS, FOR  
23 HAVING EXERCIZED MY COURT APPOINTED  
24 DUTIES PURSUANT TO THE EXECUTION  
25 AND ENFORCEMENT OF BROADWAY'S  
26 CONFIRMED PLAN, PURSUANT TO U.S.  
27 CONST. ART 4, §1, FULL FAITH &  
28 CREDIT CLAUSE.

*I AM PRESENTLY UNDER  
IMMINENT DANGER OF SERIOUS PHYSICAL INJURY DUE  
MY CONDITIONS OF INCARCERATION AND THE  
WITHHOLDING OR MEDICAL CARE.*

5. BY THE ATTACHED IFP APPLICATION I MOVE THE COURT FOR AN ORDER ALLOWING ME TO PROCEED IN THIS ~~ACTION~~<sup>APPEAL</sup> WITHOUT PREPAYMENT OF FEES, COPIES OR SERVICE.

6. I ALSO MOVE THE COURT FOR AN ORDER ALLOWING ME ELECTRONIC FILING STATUS, ALONG WITH A WAIVER OF PACER AND ELECTRONIC ACCESS, FILING AND SERVICE FEES.

7. I FURTHER MOVE THE  
COURT FOR APPOINTMENT OF  
COUNSEL, <sup>(A) APPEAL</sup> IN THIS ACTION, PURSUANT  
TO 28 USC § 1915 (C) (1), FOR THE  
FOLLOWING REASONS:

(9) TO ATTAIN DUE PROCESS OF LAW: THE PLAINTIFF, INDIGENT & UNLAWFULLY INCARCERATED, ASSERTS IN BRINGING THIS ACTION THAT THE PLAINTIFF HAS BEEN DENIED HIS FUNDAMENTAL RIGHTS TO DUE PROCESS OF LAW, AND HAS BEEN UNLAWFULLY DENIED ACCESS TO THE COURTS, WARRANTING APPOINTMENT OF COUNSEL IN THIS PARTICULAR CASE, SEE HATFIELD V. BAILLEAUX, 290 F.2d 632 (9TH CR 1961);

1 4 OF 22  
PG ~~13 OF 22~~

(b) THE PLAINTIFF'S ACTION IS  
NECESSITATED AND BROUGHT ABOUT  
BY THE DEFENDANT'S ALLEGED  
CONSPIRACY TO CONCEAL THE PLAINTIFF'S<sup>1</sup>  
UNLAWFUL ARRESTS, AND TO OBTAIN  
INVALID CRIMINAL CONVICTIONS, THEREBY  
WARRANTING THE APPOINTMENT OF  
COUNSEL, SEE WHITE V. WALSH, 649  
F.2d 560 (8th Cir 1981);

(C) THE DENIAL OF COUNSEL, IN  
THIS PARTICULAR CASE, WOULD RESULT IN  
A FUNDAMENTAL UNFAIRNESS, DUE TO  
PLAINTIFF'S CONTINUAL DENIAL OF ACCESS  
TO COURTS/COURT LIBRARY, INFIRMING  
UPON THE INNOCENT PRISONER'S DUE  
PROCESS RIGHTS, THEREBY REQUIRING  
APPOINTMENT, SEE CHIOTS V. DICKLWORTH,  
705 F.2d 915 (7TH CIR. 1983);

(d) APPOINTMENT OF COUNSEL IS  
NECESSARY UPON AN INMATE PRISONER,  
AS IN THIS CASE, IS PROHIBITED AD EQUATE  
ACCESS TO LAW LIBRARY, COPIER, TYPE WRITER,  
AND OTHER RESOURCES NEEDED TO PROSECUTE  
THE CASE, SEE RAYES V. JOHNSON,  
969 F.2d 700, (8TH CIR. 1992).

② THE INNOCENT PRISONER IS  
PERMANENTLY DISABLED, WITH A CHARCOAL

SPECIFICALLY PG ~~10~~ ~~11~~ ~~12~~ ~~13~~  
 (SEE PG ~~10~~ OF ~~10~~ OF ~~10~~ ATTACHED)

1. DISEASE & DISEASE, CHRONES DISEASE,  
 2. WHICH LIMITS AND INTERFERES WITH  
 3. THE INDEPENDENT DISABLED PRISONER'S  
 4. ABILITY TO PRESENT HIS CASE TO THE  
 5. COURT AND RECEIVED A FAIR TRIAL  
 6. SEE MCCARTHY v. WENDLING, 753 F.2d 836  
 7. (10TH CIR 1985); JACKSON v. COUNTY OF  
 8. MCLEAN, 953 F.2d 1070 (7TH CIR 1992).

9. THE SUBJECT ACTION RELATES  
 10. TO SIGNIFICANT CONSTITUTIONAL ISSUES,  
 11. OF PUBLIC IMPORTANCE, AS TO FULL FAITH  
 12. & CREDIT, ACCESS TO COURTS, & FALSIFIED  
 13. CRIMINAL HISTORY AND INDIVIDUAL AGENCY  
 14. RECORDS, WHICH WARRANT THE  
 15. APPOINTMENT OF COUNSEL, AS THE  
 16. CASE RAISES SEVERAL ISSUES  
 17. OF FIRST IMPRESSION, WHICH COULD  
 18. LEAD TO SIGNIFICANT PRECEDENTIAL  
 19. AUTHORITY.

20. 9. THE PLAINTIFF MOVES THE  
 21. COURT FOR AN ORDER REQUIRING SERVICE  
 22. AND PREPARATION OF THE RECORD IN THIS ACTION  
 23. ~~AND THE SUMMONS & COMPLAINT ON THE~~  
 24. DEFENDANTS BY THE U.S. MARSHAL  
 25. ~~WHEREAT THE COST OF THE U.S.~~

26. I DECLARE THE FOREGOING IS TRUE AND  
 27. CORRECT UNDER THE PENALTY OF PERJURY ON  
 28. THE LAWS OF THE UNITED STATES.

DATED: 11/15/05

6 OF 22

PG ~~10~~ ~~11~~ ~~12~~ ~~13~~

John

**Social Security Administration  
Retirement, Survivors and Disability Insurance  
Notice of Award**

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: September 2, 2003  
Claim Number: 546-25-4246HA

8125 MCS, PCU, BA, T137, 851, 111  
**DUNCAN J MCNEIL III**  
PO BOX 2906  
SPOKANE, WA 99220-2906

Weltkriegszeit und danach. In: *Die Weltkriegszeit* (1920).

You are entitled to monthly disability benefits beginning May 2003.

#### **The Date You Became Disabled**

We found that you became disabled under our rules on November 5, 2002. This is different from the date given on the application.

Also, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is May 2003.

### What We Will Pay And When

- You will receive \$3,080.00 around September 8, 2003.
- This is the money you are due for May 2003 through August 2003.
- Your next payment of \$770.00, which is for September 2003, will be received on or about the third Wednesday of October 2003.
- After that you will receive \$770.00 on or about the third Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

The day we make payments on this record is based on your date of birth.

500 *Journal of Health Politics, Policy and Law*

Enclosure(s):  
Dak. 85-18150

PUB 05-10153  
Pub 05-10253

6

See Next Page

PG ~~9003~~ 11 OF 22

546-25-4246HA

Page 2 of 3

**Other Social Security Benefits**

The benefit described in this letter is the only one you can receive from Social Security. If you think that you might qualify for another kind of Social Security benefit in the future, you will have to file another application.

**Your Responsibilities**

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away.

We have enclosed a pamphlet, "When You Get Social Security Disability Benefits...What You Need To Know." It will tell you what must be reported and how to report. Please be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

A provider of employment or vocational rehabilitation services may contact you about getting help to go to work. The provider may be a State vocational rehabilitation agency or a provider under contract with the Social Security Administration.

If you go to work, special rules allow us to continue your cash payments and health care coverage. For more information about how work and earnings affect disability benefits, call or visit any Social Security office and ask for the following publications:

- Social Security - Working While Disabled...How We Can Help (SSA Publication No. 05-10095).
- Social Security - If You Are Blind--How We Can Help (SSA Publication No. 05-10052).

**Do You Disagree With The Decision?**

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

546-25-4246HA

Page 3 of 3

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim". It contains more information about the appeal process.

### Things To Remember For The Future

Doctors and other trained staff decided that you are disabled under our rules. But, this decision must be reviewed at least once every 3 years. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

#### If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

### If You Have Any Questions

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-509-353-2591. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE A  
811 E SPRAGUE AVE  
SPOKANE, WA 99202

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

John S. Burkhardt

Jo Anne B. Barnhart  
Commissioner  
of Social Security

PG 13 OF 22

Sent By: LINOLEUM AND CARPET CITY;  
To: ESG EFAX  
At: 92713775

5093269438;

Dec-3-03 1:48PM;

Page 1/2

Social Security Administration  
**Retirement, Survivors, and Disability Insurance**  
Important Information

M7

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: November 30, 2003  
Claim Number: 546-25-4246 HA

Duncan McNeil III  
PO Box 2906  
Spokane WA 99220

We are writing to you about court order number IN4871523.

In an earlier letter, we told you that we might have to take money out of your Social Security payments to satisfy the court order. Washington State Support Registry has ordered us to take money out to collect child support and/or alimony. Therefore, we will reduce the monthly payments beginning November 2003.

**What We Will Take Out**

We will take out \$385.00 from each monthly payment to collect what you owe. You will receive a check for \$385.00 each month beginning with the check you receive around December 3, 2003.

**If You Disagree With The Decision**

If you disagree with the decision of Washington State Support Registry, you will need to contact them directly, or have a lawyer do this for you. They can be contacted at:

Washington State Support Registry  
PO Box 45868  
Olympia WA 98504

**If You Have Any Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-509-353-2591. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

SEE NEXT PAGE

PG 14 of 22

Sent By: LINOLEUM AND CARPET CITY;

5093269438;

Dec-03 1:46PM;

Page 2/2

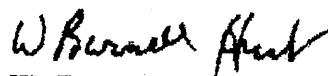
546-25-4246 HA

Page 2

You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
SUITE A  
811 E SPRAGUE AVE  
SPOKANE, WA 99202

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.



W. Burnell Hurt  
Associate Commissioner for  
Central Operations

PG 150/22

Nov 07 03 01:50p

From: Duncan J. McNeil SOS-271-3775 To: MD Dr. Charles W. Laudenbach

Oct 08 03 03:34p

p.2

Page 2 of 2

p.2



400 East Fifth Avenue, P.O. Box 3449  
 Spokane, WA 99228-3449  
 Phone: (509) 459-2531 / (800) 775-4048  
 Fax: (509) 459-1997  
[www.rockwoodclinic.com](http://www.rockwoodclinic.com)

September 22, 2003

**SATIVATE DIVISIONS**  
 Cherry Medical Center  
 Medical Lake Family Practice  
 Rockwood Clinic Endocrinology  
 Rockwood Clinic Cancer & Allergy Neurology  
 Rockwood Clinic Eye Center  
 Rockwood Clinic Dermatology  
 Rockwood Clinic Endocrinology  
 Rockwood Clinic Family Practice  
 Rockwood Clinic Heart  
 Rockwood Clinic Internal Medicine  
 Rockwood Clinic Physical Therapy  
 Rockwood Clinic Research  
 Rockwood Other Staff  
 Valley Rockwood Clinic  
 Valley Rockwood Physical Therapy

Duncan J McNeil III  
 P.O. Box 2906  
 Spokane, WA 99220-2906

RE:  
 MCNEIL, DUNCAN J III J  
 1571942  
 DOB: 03/14/1957

TO WHOM IT MAY CONCERN:

Mr. McNeil is a patient whom I have seen since January of 2001. Mr. McNeil, unfortunately has a medical condition resulting in his inability to appear in court. I would appreciate it if this can be taken into consideration and possibly a telephone appearance could be allowed in this case.

Thank you for your consideration.

Sincerely,

Charles Laudenbach, MD  
 Internal Medicine

400/J:135182Z/D:1484836/CL:10  
 D: 09/22/2003 17:57:38  
 T: 09/24/2003 06:15:48

PG 16 of 22

Our mission: Rockwood Clinic is a physician owned, multi-specialty medical practice. Our team of doctors and staff is dedicated to the delivery of the best patient care available. We strive to provide a positive and rewarding environment. Our culture: compassion & resilience • teamwork • diversity • education & value.

20030922 X-44 Letter from Dr Laudenbach SIGNED re telephone appearance.max

Sent By: LINOLEUM AND CARPET CITY;  
To: ESG EFAX  
At: 92713775

5098269438;

Sep-5-03 3:39PM;

Page 1/1

**Ronald M. Klein, Ph.D.**

Behavioral Medicine Service  
601 West Main Avenue, Suite 1011  
Spokane, WA 99201 (509) 838-1285

09/02/2003

Division of Disability Determination

Spokane, WA

re: Duncan McNeill      DOB: 3/14/1957

Dear Sir/Madam:

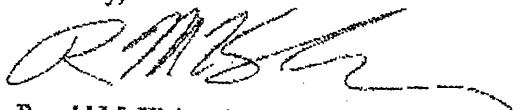
Mr. McNeill was a patient of mine three years ago. With his consent, I am providing you with the following information. His dates of service were:

11-14-00; 11-21-00; 11-28-00; 12-5-00; and 12-29-00.

He had been referred by his physician Dr. Creel at Rockwood Clinic. After my initial evaluation of him on 11-14-00, I diagnosed Mr. McNeill with [redacted confidential]

[redacted confidential] He appeared to be reacting to a newspaper story published at that time about his ongoing legal dispute with well known public officials. Mr. McNeill felt he had been characterized in that story in a grossly unfair manner. He was also being treated by his physician for ongoing [redacted] and was being medicated for that. I provided [redacted] to Mr. McNeill during those sessions and also made recommendations to his physician regarding use of [redacted confidential]. I have not seen him clinically since 12-29-00. I did have a recent phone conversation with him during which he informed me that his symptoms have continued on since that time and that your agency has found him to be disabled. It is my understanding that Mr. McNeill has undergone [redacted confidential] with other practitioners over these past 3 years.

Sincerely,



Ronald M. Klein, Ph.D.  
Behavioral Medicine Service

PG 1 [redacted] 17 OF 22

20030005 15-30 X-16 Jav. REDACTED from Dr. Klein from CorrJen.mav



**Community Health Association of Spokane**

07/13/2004

**RE: Dj McNeil**

To Whom It may Concern;

Mr. McNeil has been diagnosed with colitis. He was last seen in clinic 05/24/04. He phoned the clinic 07/08/04 and stated he was having a flare of colitis. He phoned the clinic again today asking for a letter stating that he is having a flare of colitis, is bedridden, and is unable to appear in court on 07/14/04. Since the patient has not been seen in this clinic since May 24 of this year, I cannot verify his current health status relative to his colitis; nonetheless, he requested a letter to inform the court of the foregoing.

Thank you for your consideration.

Sincerely,

Bill Lawson, PA-C

CC: Patient file

Maple CHAS Clinic  
3918 North Maple Street  
Spokane, WA 99205  
(509) 444-7801

DT CHAS Clinic  
1001 W 2nd Ave.  
Spokane, WA 99201  
(509) 838-1205

Valley CHAS Clinic  
9227 E. Main St.  
Spokane, WA 99206  
(509) 444-8200

NE CHAS Clinic  
4001 N. Cook St  
Spokane, WA 99207  
(509) 487-1604

PL 16-18 of 22



**Community Health Association of Spokane**

**09/03/2004**

**RE: Dj McNeil**

To: Whom It May Concern

This person has anxiety and is on treatment for it. He may do better to have telephone appearances for his court hearings.

Sincerely,

Alisa M. Hideg, MD

CC: Patient file

**Maple CHAS Clinic**  
3919 North Maple Street  
Spokane, WA 99205  
(509) 444-7801

**DT CHAS Clinic**  
1001 W 2nd Ave.  
Spokane, WA 99201  
(509) 835-1205

**Valley CHAS Clinic**  
9227 E. Main St.  
Spokane, WA 99206  
(509) 444-8200

**NE CHAS Clinic**  
4001 N. Cook St  
Spokane, WA 99207  
(509) 487-1604

PG 1707 19 of 22

**Community Health Association of Spokane**

3919 North Maple St.  
Spokane, WA 99205  
(509) 444-7801

9227 E. Main St  
Spokane, WA 99206  
(509) 444-8200

1001 W. 2nd  
Spokane, WA 99201  
(509) 835-1205

4001 N. Cook St  
Spokane, WA 99207  
(509) 487-1604

Encounter Date: 09/03/2004 Provider: Alisa Hideg MD  
Patient Name: McNeil, Dj Date of Birth: 03/14/1957

**Pt. here for Follow-up OV.**

47 Years old, male Pt. here for Follow-up OV.

**CHIEF COMPLAINT**

1. **Colitis (follow-up)** Comments: Pt states that he is having a flare up of his colitis again. Pt feels he is having burning w/ urination and stools passing. Pt has not had much blood in his stool for 6 weeks. He had bleeding for approximately 6 days in his emesis and stools at that time 6 weeks ago. Nauseated x two and 1/2 weeks now.

2. **Anxiety (follow-up)** Comments:

to court re: charges against him - not specific. Has friend who is here w/ him. Pt wants medication to use when anxious about going outside

He denies caffeine use. Pt is going

**CHRONIC CONDITIONS**

1. ASTHMA.

2. Anxiety state NOS.

**CURRENT MEDICATIONS****Brand Name**

	<u>Dose Note</u>	<u>Route Desc</u>	<u>Sig Desc</u>
Prevacid daily (PT ASSISTANCE)	30mg	Oral	Take one capsule by mouth
Advair Diskus twice daily	100/50	Inhalation	Inhale 1 puff into your lungs
Celebrex	200mg	Oral	one tablet by mouth daily
Albuterol	90mcg	Inhalation	
Flovent	110mcg	Inhalation	
Prilosec	20mg	Oral	

**ALLERGIES****Description**

No Known Drug Allergies

**Reaction:****Nurse/MA Comments:**

Allergy List Confirmed. Medications Confirmed. Immunizations Confirmed.  
Immunizations Up-to-Date

**Physical Examination:****Vital Signs:**

Height: 72.00 inches. (182.88 cm), Weight: 216.00 lbs. (98.18 kgs). BMI = 29.32;  
Temperature: 97.00 F. (36.11 C) Respirations: 16  
170/120 Right arm sitting. (used Regular Adult cuff).  
Pulse rate is 84 per minute, regular.

Orthostatic B/Ps: L arm supine, B/P is 160/100; Pulse L arm supine is 84 beats/minute.

**Constitutional:**

McNeil, Dj

**Abdomen:** Abdomen soft, non-tender, non-distended; normal bowel tones; no hepatosplenomegaly. No palpable mass; no CVA tenderness.

**P.H.Q.**

1. Feeling down, depressed or hopeless?  
**Nearly every day.**
2. Little interest or pleasure in doing things.  
**Not at all.**
3. Trouble falling asleep or sleeping too much  
**Nearly every day.**
4. Feeling tired or having little energy  
**Nearly every day.**
5. Poor appetite or overeating  
**Nearly every day.**
6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down.  
**Nearly every day.**
7. Trouble concentrating on things, such as reading the newspaper or watching television.  
**Nearly every day.**
8. Moving or speaking so slowly that other people could have noticed? Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual?  
**Nearly every day.**
9. Thoughts that you would be better off dead, or of hurting yourself in some way?  
**Not at all.**
10. If you are experiencing any of these problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?  
**Extremely difficult.**
11. If these problems have caused you difficulty, have they caused you difficulty for two years or more?  
**Yes, I have had difficulty with these problems for 2 years or more.**

How many days in the last two weeks have you missed doing things because you are depressed?  
**14 Day(s)**

Depression symptom score is 0;  
Severity score is 21; **Severe Depression.**

**Client has significant functionability impairment.**  
Consider DX of Dysthymia.  
Client is in CHAPPY Registry.  
Next PHQ due in 4-8 weeks, (10/01/2004).

**In-House labs:**

Urine Dipstick values:  
Spec gravity: 1.015; Ph: 5; Leukocytes: negative; Nitrites: negative; Protein: negative; Glucose: normal; Ketones: negative; Urobilinogen: normal; Bilirubin: negative;  
Blood: negative;  
Blood glucose: 96mg/dl.

**ASSESSMENT / PLAN**

McNeil, Dj

2. **Panic disorder** (Re: eval & TX of ICD-9 300.01).

Pt to increase zoloft dose  
Use hydroxyzine prn

**Medications ordered this visit:** (Potential adverse drug reactions discussed.)

Brand Name

	<u>Dose</u>	<u>Rx Refills</u>	<u>Rx Quantity</u>	<u>Sig Desc</u>
Asacol	400mg	0	30	one tablet by mouth three times dai
Metamucil		0	0	1 tbsp po BID
Zoloft		3	30	two tablets by mouth daily
Atarax	100mg	1	90	1/2 to 1 tab po q 4-6 hrs prn anxiety

MA/Nurse: Mark E. Brooks  
Alisa Hideg MD

McNeil, Dj

PG ~~22~~ Alisa Hideg MD 22 of 22